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CONFIRMATION NO. 5226

SERIAL NUMBER 10/753,118	FILING OR 371(c) DATE 01/07/2004 RULE	CLASS 382	GROUP ART UNIT 2624	ATTORNEY DOCKET NO. CTI-configure
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APPLICANTS

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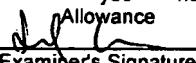
** CONTINUING DATA ***

This application is a CIP of 10/385,307 03/10/2003 PAT 7,162,075

** FOREIGN APPLICATIONS ***

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **

** 04/13/2004

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no		
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance		
Verified and Acknowledged	 Examiner's Signature  Initials		
STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
AZ	21	55	6

ADDRESS

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TITLE

Automatic selection of cranial remodeling device configuration

FILING FEE RECEIVED 894	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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